

**CITY OF CHELSEA**  
**AC UNIT APPLICATION – PDF VERSION**

**Instructions:** *Please complete the following form. Incomplete applications will not be processed.*

**ALL APPLICATIONS MUST BE SUBMITTED BY END OF BUSINESS DAY ON JUNE 30, 2021.** Completed applications must be emailed to: [lalvarez@chelseama.gov](mailto:lalvarez@chelseama.gov)

1. Name: \_\_\_\_\_
2. Address in Chelsea: \_\_\_\_\_
3. Do you rent a room?      ☐ YES              ☐ NO
4. Contact Phone Number: \_\_\_\_\_
5. Number of Family Members living with you at that address. \_\_\_\_\_  
  
How many age 5 or under:      \_\_\_\_\_  
How many age 6 to 17:      \_\_\_\_\_  
How many age 65 or older:      \_\_\_\_\_
6. Is this your first AC unit?      ☐ YES              ☐ NO
7. Would prefer a Window Unit or a portable unit? \_\_\_\_\_
8. Are you currently disabled?      ☐ YES              ☐ NO
9. Are you a Veteran?      ☐ YES              ☐ NO
10. Weekly Income from all family members combined. \_\_\_\_\_